

Foster Family Home - Corrective Action Report

Provider ID: 1-576241

Home Name: Luz Agustin, CNA

Review ID: 1-576241-7

87-290 Mikana Street

Reviewer: David Ayling

Waianae

HI 96792

Begin Date: 1/24/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA by 2/13/20.

Foster Family Home

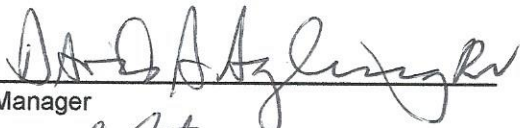
Personnel and Staffing

[11-800-41]

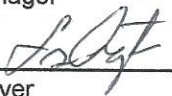
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - Blood Borne Pathogen certification for all CG's expired on 3/2/19. Not renewed until 4/1/19.


Compliance Manager

1/24/20
Date



Primary Care Giver

1-24-20
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: LUZ Agustin
CCFFH Address: 87-290 Mikanu, St. Wai'anale

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	I showed CTA the current Blood Borne Pathogen certificates for CG #1 #2 #3 and #4 I have placed them in my CTA binder	1-24-20	I put the expiration dates for Blood Borne Pathogen for all CEs on my wall calendar & will check it every month

Primary Caregiver's Signature: 

Print Name: LUZ S. Agustin

Date of Signature: 1-24-20